

<b>Case Number:</b>	CM14-0077345		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 26 year old patient had a date of injury on 6/28/2014. The mechanism of injury was hyperextending both wrists when she caught a box with both hands. In a progress noted dated 12/17/2013, subjective findings included pain in both wrists, left worse than right. There is numbness and tingling in posterior distal brachii and intermittent numbness and tingling of fingertips of both hands. There is clicking in wrists. On a physical exam dated 12/17/2013, objective findings included both wrists tender dorsally, click appreciated on flexion of the left wrist on one occasion. Diagnostic impression shows resolving sprain, both wrists. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 4/29/2014 denied the request for pump for water circulating pad, stating that there are no studies regarding the efficacy or benefits of cold therapy unit after ganglionectomy, its use is not generally considered a standard of care, and lacking any information to support the necessity of the proposed cold therapy unit, it is felt to be not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pump for water circulating pad:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Treatment, Integrated Treatment/ Disability Duration Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, carpal tunnel syndrome chapter.

**Decision rationale:** CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the latest progress report dated 12/7/2013 available for review, there was no discussion in the treatment recommendations of the patient receiving any surgical procedure. A more recent progress report documenting an upcoming surgical procedure with specifications would be necessary to substantiate the request for pump for water circulating pad. Therefore, the request for pump for water circulating pad is not medically necessary.